INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE AS AN APPROACH TO PATIENT-CENTERED CARE

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Why Integrate?

Primary Care

- Approximately half of all patients in primary care present with co-morbidities and 60% of psychiatric illness is treated in primary care[1].
- Medical Model - solutions focus on medications, procedures and advice. 80% of anti-depressants and 70% of other psychotropic medications are prescribed by a PCP.
- Appointments times are short with the goal of seeing a large number of patients in a day.
- Patients present with symptomology that may overlap physical and mental health disorders.

Behavioral Health

* Despite the availability of behavioral health services, patients are still driven to the primary care setting.
* When advised by a PCP to seek behavioral health services only about 10% will follow-through.
* The stigma that surrounds behavioral health care causes patients to refuse or deny to seek psychiatric help.
* In cases where a clinician feels that a patient may benefit from medication, they will often refer to the patient's PCP.

Patient Care

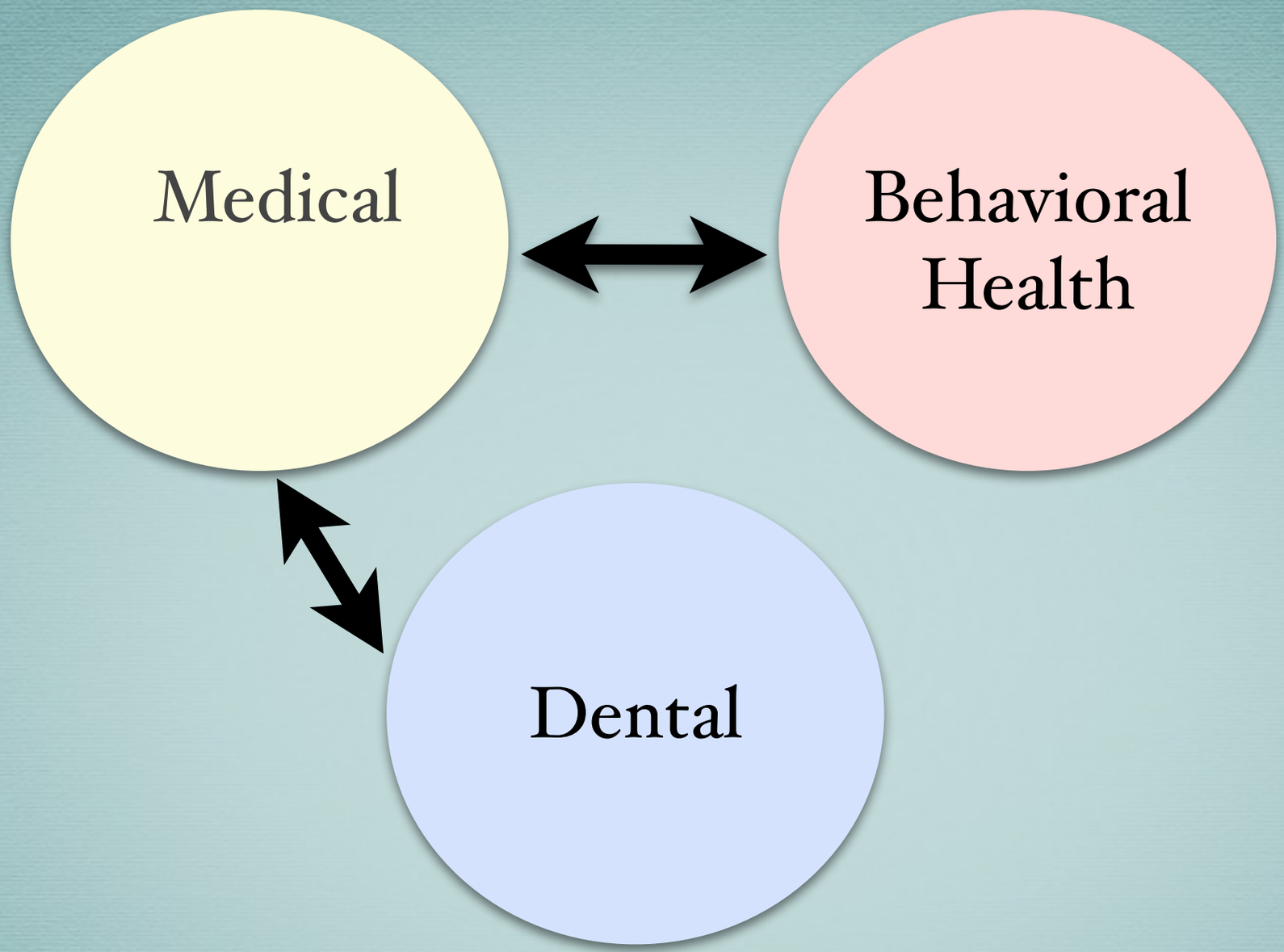
* Of the 10 most common presenting symptoms in primary care, only 10%-15% of these cases were determined to have an organic diagnosis[2].
* 45% of Americans have one or more chronic health conditions and treating these conditions accounts for 75% of medical care costs[3].
* Co-morbid mental health issues are prevalent among patients with chronic health conditions and result in significant higher health care costs[4].

BHC Models

* Traditional Collaborative Outpatient: Setting independent of medical care.

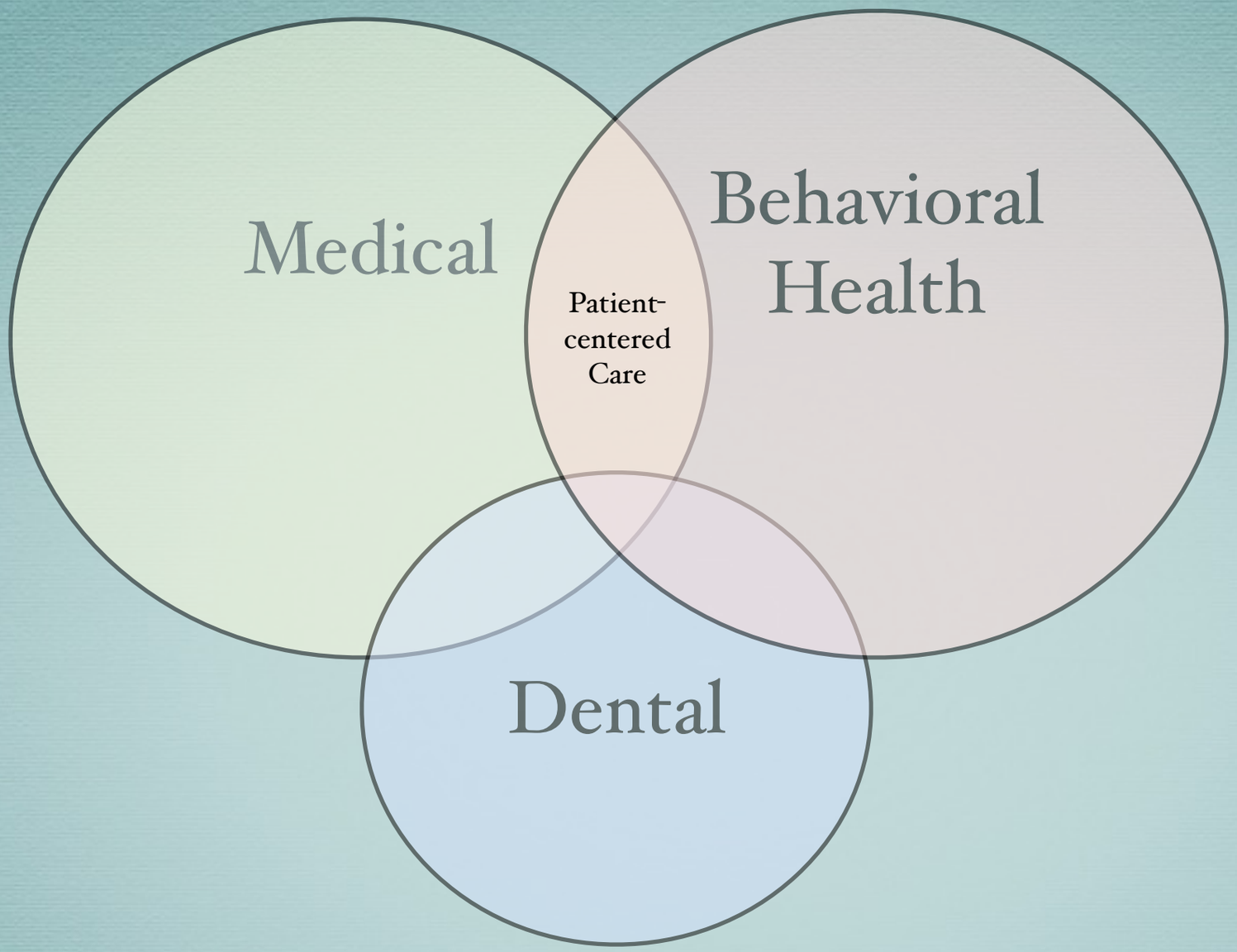
* Co-Located: All services separate but in the same building

* Integrated: The Behavioral Health Clinician part of a multidisciplinary team.



Community Health Center

Co-located Paradigm



Shift in Paradigm

Traditional Behavioral Health

* 50 minute sessions
* Outside referrals for business
* 1-6 visits
* No shows
* Refer out for medication
* Mental Health Benefits and Self pay clients

The Behavioral Health Consultant

- 15-30 minute sessions
- working in collaboration with PCP
- Consultation with PCP on medication
- Client comfort zone
- On-site
- Culturally Competent Generalist

Problems Handled by BHC's

- Chronic Pain
- Depression
- Anxiety
- Insomnia
- Stress
- Substance misuse
- Tobacco Use
- Grief/Loss
- Weight loss
- Medical Adherence
- Relationship Problems
- Anger

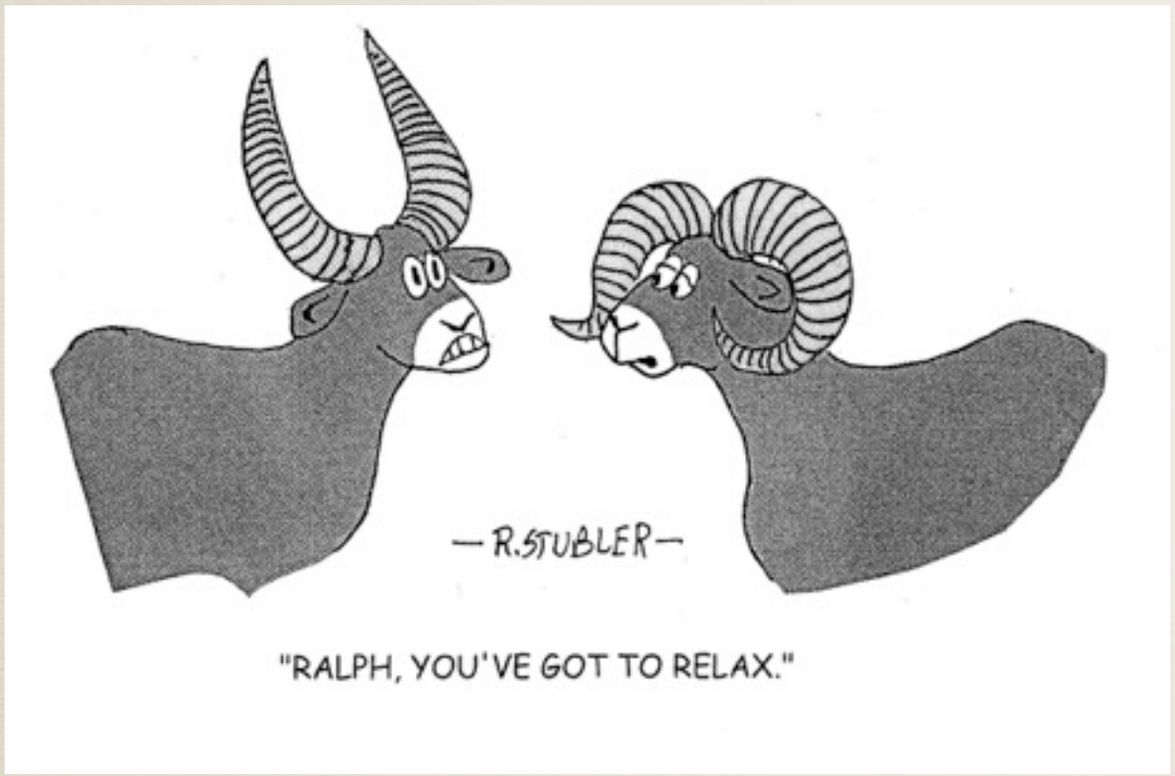
Interventions

- Screening (depression, substance use)
- Education
- Motivational Interviewing
- Stress management
- Psychotropic medication input
- Referral for specialty care

Depression Care

* Improved medication adherence.
* Increased patient & physician satisfaction.
* Overall greater improvement in mood over time for major depression.

Anxiety Care



- Clinical guidelines for treatment of general anxiety disorder, and panic disorder in primary care recommend behavior therapy and/or SSRI[5].

- Providing basic training in CBT to PCPs is not enough to produce robust clinical outcomes[6].

Patient-Centered Care

- Behavioral/psychosocial issues are not separate from physical health.
- Outcomes are multi-faceted and have been positive with improvements in:
  - Patient Experience
  - Quality of Care
  - Provider Burnout
  - Total Costs

Health Behavior Change

- Holistic approach
- Smoking cessation
- Diabetes adherence
- Weight loss
- Chronic Pain Management
- Insomnia
- Substance misuse

Planning and Implementing

Things to Consider

* Health Care Funding Streams. Separate funding has prevented more widespread integration.
* Primary Care acceptance of adopting a "whole person" approach
* Learning the language
* General knowledge at your fingertips
* Changes in treatment style.
* Cultural competence
* Affordable Care Act
* EMR

Books on Primary Care and Behavioral Health Integration

- **Behavioral consultation and Primary Care: A Guide to Integrating Services** - (2007) by Patricia Robinson and Jeff Reiter

- **Real Behavior Change in Primary Care: Improving Patient Outcomes and Increasing Job Satisfaction (professional)** (2011) by Patricia J. Robinson, Debra A., M.D. Gould and Kirk D., Ph.D. Strosahl

- **Behavioral Integrative Care: Treatments That Work in the Primary Care Setting** - (2004) by William T. O'Donohue, Michelle R. Byrd, Nicholas A. Cummings and Deborah A. Henderson

- **The Primary Care Toolkit: Practical Resources for the Integrated Behavioral Care Provider** (2010)by Larry James and William T. O'Donohue

- **Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention** (2009) Christopher L. Hunter, Jeffrey L. Goodie, Mark S. Oordt and Anne C. Dobmeyer.

Certificate Programs

- Fairleigh Dickinson University (http://integratedcare.fdu.edu)
- University of Massachusetts Medical School (http:www.integratedprimarycare.com)
- University of Washington Psychiatry & Behavioral Sciences (www.uwaims.org)

References

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